IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of)
Gary Lee Hawk))
Serial No	Attn: Applications Branch
Filed:))
For: Patient Lifting Apparatus)))
	Certificate of Express Mailing
	Date of Deposit ((-172-03)
	Express Mail Number
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DECLARATION OF GARY LEE HAWK

Assistant Commissioner of Patents Washington D.C. 20231

Sir:

- I, Gary Lee Hawk hereby declare as follows:
- 1. That I am a joint inventor of the invention contained in the above-identified patent application: and
 - 2. That I am now over 65 years of age.

I further declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these

PATENT APPLICATION

Docket No. 60873

statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code, and that such will false statements may jeopardize the validity of the application or any patent issuing thereon.

Date: October 2/ 2003

677 South Stage RQ.
Address

Medford Overgon 9750/
City, State Zip

60873

PTO/SB/01 (10-01)
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DECLARATION FOR UTILITY OR

Attorney Docket Number

PATENT APPLICATION (37 CFR 1.63) Declaration Submitted of the Invention on Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required () At the below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: Patient Lifting Apparatus (Title of the Invention) the specification of which is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) Intereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. Lacknowledge the duty to disclose information which become available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. Hereby dain foreign priority benefits under \$3 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application and the national or PCT international diling date of the continuation-in-part application. Hereby dain foreign priority benefits under \$3 \text{ U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application and the national or PCT international filing date of the continuation-in-part application. Hereby claim foreign priority benefits under \$3 \text{ U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application and the national or PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application on which priority is claimed.	DECLARATION FOR	First Named Inventor	Gary L	ee Hawk					
Declaration Submitted with Initial Filling (surcharge (37 CFR 1.16 (e)) required) As the below named inventor, I hereby declare that: My residence, malling address, and citizenship are as stated below next to my name. I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: Patient Lifting Apparatus (Title of the Invention) the specification of which is attached hereto or was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) as United States Application, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which became available between the filling date of the prior application and the national or PCT international filling date of the continuation-in-part application. Inbertoy latin foreign priority benefits under \$3 U.S.C. 119(a)-(d) or (f), or 355(b) of any foreign application and the national or PCT international priority is claimed. Issee below and have also identified be box, by checking the box, any foreign application or which potent in the roll the original polication or petern, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filling date before that of the application on which perior in priority is claimed.		COMPLETE IF KNOWN							
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As the below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: Patient Lifting Apparatus (Title of the Invention) the specification of which is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. Thereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign applications in foreign priority benefits under 35(b) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.	Submitted OR	Submitted after Initial	Art Unit						
As the below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: Patient Lifting Apparatus (Title of the Invention) the specification of which is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) of application, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international applications, more region priority benefits under application. Thereby claim foreign priority benefits under a 55(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also Identified below, by Checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or 35(b) of any PCT international application having a filing date before that of the application on which priority is claimed.		(37 ČFR 1.16 (e))	Evaminer Name	· · · · · · · · · · · · · · · · · · ·					
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(Title of the Invention) the specification of which X is attached hereto	I believe I am the original and first inve	entor of the subject matter w	hich is claimed and for whi	ch a patent is soug	ht on the invention entitled:				
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claimed.	States of America, listed below and hi	ave also identified below, by	y checking the box, any fo	reign application fo	or patent, inventor's or plant				
Prior Foreign Application Foreign Filing Date Priority Certified Copy Attached?	claimed.				plication on which phonty is				
Number(s) Country (MM/DD/YYYY) Not Claimed YES NO		Country	Foreign Filing Date (MM/DD/YYYY)		Certified Copy Attached? YES NO				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:	Additional foreign application num	nbers are listed on a supple	mental priority data sheet F	PTO/SB/02B attach	ned hereto:				

[Page 1 of 2]

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I hereby declare that all statements made herein of are believed to be true; and further that these state made are punishable by fine or imprisonment, or bo validity of the application or any patent issued thereo	ements were made wit oth, under 18 U.S.C. 1	th the knowledge that willful false	statements and the like so						
NAME OF SOLE OR FIRST INVENTOR:	A petition I	nas been filed for this unsig	ned inventor						
Given Name Gary Lee Family Name Hawk or Surname									
Inventor's Signature Law Lee Hawk Date \$10-31-2003									
Mediford Residence: City	OR State	USA Country	USA Citizenship						
Mailing Address 677 South Stage Road									
City	OR State	97501 zip	USA						
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor									
Given Name Linda L. Family Name Hawk or Surname									
Inventor's Signature Sucha	Haw	h .	10-31-03 Date 6						
Residence: City Medford	State OR	USA Country	USA Citizenship						
Mailing Address 677 South Stage Road									
City	OR State	ZIP 97501	USA						
X Additional inventors are being named on the 1_supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

Please ty	pe a	plus	sign	(+)	inside	this	box		+
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page _1_ of _1_

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])					Family Nam	e or S	umame	
Caleob]	King			
Inventor's Calcal 9.94							Date 1 10/09/03	
Residence: City Lawrence	State	KS	c	Country	USA		USA Citizenship	
Mailing Address								
Mailing Address P.O. Box 418								
City Ottawa	State	KS		ZIP	66067	Countr	y USA _	
Name of Additional Joint Inventor, if any	<i>y</i> :			A petition	has been filed	for this	s unsigned inventor	
Given Name (first and middle [if any])			\perp		Family Nam	ne or S	umame	
Inventor's Signature							Date	
Residence: City State			Country Citizenship			Citizenship		
Mailing Address								
Mailing Address								
City State				ZiP Cou			ntry	
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any]) Family Name or Surname								
Inventor's Signature							Date	
Residence: City State Country Citizenship						Citizenship		
Mailing Address								
Mailing Address								
City State ZIP Country								

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